

WAIVERS OF COVERAGE FOR INDIVIDUAL HEALTH PLANS REPORTING FOR JULY 1, 2006 THROUGH JUNE 30, 2007	
Company:	American Community Mutual Insurance Company
Address:	39201 Seven Mile Road, Livonia, Michigan 48152
Telephone:	(734) 591- 4657 Marjorie Pedigo, Manager, Individual Underwriting
Please report the following data regarding any waivers of coverage on individual health plans issued from July 1, 2006 through June 30, 2007:	
1. The total number of policies and/or certificates issued with waivers:	96 OF 451
2. A complete list of the various conditions waived:	see attached
3. The number of waivers issued for each condition listed in item #2:	see attached
4. The number of waivers issued by period of time, i.e. waived for one year, two years, three years, etc:	see attached
5. The total number of applications declined for health reasons:	57 applications declined; 6 applications were approved with one or more members declined

Agreement

By submitting this form, I affirm that the information set forth in it is true and complete. I understand that false statements, omissions, or other misrepresentations made may result in immediate action taken on behalf of the Indiana Department of Insurance.

Marjorie S. Pedigo

Name

8/31/07

Date

WAIVERED CONDITIONS	TOTAL APPROVED
NOSE, SINUSITIS	1
NOSE, NASAL SEPTUM	2
EAR, OTITIS	4
EAR, HEARING IMPAIRMENT	1
LUNGS, ASTHMA	6
SLEEP APNEA	1
ALLERGIES	7
CARDIAC ARRHYTHMIA	1
GERD	6
RECTUM, HEMORRHOIDS	3
BOWEL, NEOPLASM	1
BOWEL, DIVERTICULA DISEASE	1
BOWEL, COLITIS	2
STOMACH, HIATAL HERNIA	1
SCROTUM, VARICOCELE	1
SPINE, SPONDYLOSIS, THORACIC	1
SPINE, SCOLIOSIS	1
FEET, CALCANEAL SPUR	2
DISLOCATION, TMJ	1
JOINTS, ARTHRITIS	3
JOINTS, GOUT	1
KNEE INJURY	3
LOW BACK	2
SPINE, CERVICAL HERNIATED DISC	2
SPINE, SPONDYLOSIS, LUMBOSACRAL	1
SPINE, LUMBOSACRAL HERNIATED DISC	4
SHOULDER, IMPINGEMENT	2
TENDON, BURSA	1
JOINT REPLACEMENT	2
INTERNAL FIXATION	4
FRACTURE, ANKLE	1
KNEE, OSGOOD-SCHLATTER'S DISEASE	1
BONES, OSTEOPOROSIS	4
BREAST NODULE	1
BREAST CYST	1
BREAST IMPLANTS	10
INFERTILITY	1
OVARIAN CYST	1
OVARY, POLYCYSTIC OVARIAN SYNDROME	1
CERVICAL DYSPLASIA	1
UTERUS, ENDOMETRIOSIS	1
UTERUS, FIBROID	1

WAIVERED CONDITIONS	TOTAL APPROVED
UTERUS, DISFUNCTIONAL UTERINE BLEEDING	1
BLADDER, CYSTITIS	2
BLADDER INCONTINENCE	1
KIDNEY STONE	3
HERPES, GENITAL	1
PROSTATE	1
ACNE, ROSACEA	1
WARTS, GENITAL, HPV	2
DERMATITIS	1
NAILS	1
SKIN CANCER	3
ECZEMA	4
PSORIASIS	1
SKIN NEVUS	1
BRAIN, SEIZURE DISORDER	1
TREMOR	9
HEAD, HEADACHES	1
TOTALS	126

NUMBER OF WAIVERS ISSUED BY TIME PERIOD

TIME PERIOD	TOTALS
1 YEAR WAIVER	0
2 YEAR WAIVER	0
3 YEAR WAIVER	0
4 YEAR WAIVER	0
5 YEAR WAIVER	0
6 YEAR WAIVER	0
7 YEAR WAIVER	0
8 YEAR WAIVER	0
9 YEAR WAIVER	0
10 YEAR WAIVER	126

**WATERS OF COVERAGE FOR INDIVIDUAL HEALTH PLANS
REPORTING FOR JULY 1, 2005 THROUGH JUNE 30, 2006**

Company: American Republic Insurance Company, NAIC #60836

Address: 601 6th Avenue, Des Moines, Iowa 50324

Telephone: (515) 245-2015 (Contact: Kim Douglas)

Please report the following data regarding any waivers of coverage on individual health plans issued from July 1, 2005, through June 30, 2006:

1. The total number of policies and/or certificates issued with waivers: 298

2. A complete list of the various conditions waived: See attached table.

3. The number of waivers issued for each condition listed in item #2: See attached table.

4. The number of waivers issued by period of time, i.e. waived for one year, two years, three years, etc: All waivers issued were for 10 year time periods.

5. The total number of applications declined for health reasons: 151

Agreement

By submitting this form, I affirm that the information set forth in it is true and complete. I understand that false statements, omissions, or other misrepresentations are made may result in immediate action taken on behalf of the Indiana Department of Insurance

Name

Lisa Sauer

Date

September 12, 2007

American Republic Insurance Company
Waivers of Coverage for Individual Health Plans
July 1, 2006 through June 30, 2007

ICDA Code	Description	Total
P85.5	Evaluation for and/or treatment of breast prosthesis except for state mandated benefits	1
V45.7	Evaluation for and/or treatment of prosthetic eye except for state mandated benefits	1
V54.9	Evaluation for and/or treatment of any internal fixation device including but not limited to removal or replacement of pins, plates or screws except state for mandated benefits	4
054.1	Evaluation for and/or treatment of herpes simplex virus except for state mandated benefits	1
106	Occupation/avocation exclusion-Participating in an automobile race or endurance test	1
173	Evaluation for and/or treatment of neoplasm of the skin including but not limited to, dysplastic nevi, squamous cell carcinoma, and/or basal cell carcinoma and/or metastasis to other areas except for state mandated benefits	4
186	Evaluation for and/or treatment of neoplasm of the testes and/or metastasis to other areas except for state mandated benefits	1
214	Evaluation for and/or treatment of lipoma except for state mandated benefits	1
218	Evaluation for and/or treatment of uterine fibroid and/or leiomyoma except for state mandated benefits	5
240	valuation for and/or treatment of the thyroid gland including but not limited to goiter, hypothyroidism, hyperthyroidism, thyroiditis, plummer's disease, graves disease and/or Hashimoto's thyroiditis except for state mandated benefits	1
240.1	Evaluation for and/or treatment of the thyroid gland including but not limited to goiter, neoplasm, hypothyroidism, hyperthyroidism, thyroiditis, graves disease and/or Hashimoto's thyroiditis except for state mandated	2
250	Evaluation for and/or treatment of glucose intolerance, hyperglycemia and/or diabetes in any form except for state mandated benefits	12
251.2	Evaluation for and/or treatment of hypoglycemia except for state mandated benefits	1
256.4	Evaluation for and/or treatment of polycystic ovarian disease and/or Stein-Leventhal syndrome except for state mandated benefits	1
272	Evaluation for and/or treatment of hyperlipidemia, including but not limited to oral medications except for state mandated benefits	27
274	Evaluation for and/or treatment of gout including but not limited to hyperuricemia, gouty arthritis except for state mandated benefits	4
278	Evaluation for and/or treatment of obesity, including but not limited to, surgery, medication, nutritional counseling and/or dietary supplements except for state mandated benefits	34
280	Evaluation for and/or treatment of anemia including but not limited to iron deficiency anemia, pernicious anemia, hemolytic anemia, thalassemia, and/or sickle cell anemia except for state mandated benefits	1

American Republic Insurance Company
Waivers of Coverage for Individual Health Plans
July 1, 2006 through June 30, 2007

ICDA Code	Description	Total
290	Evaluation for and/or treatment of organic psychotic conditions including but not limited to Alzheimer's disease, organic brain syndrome, senile dementia and/or pre-senile dementia except for state mandated benefits	1
300	Evaluation for and/or treatment of mental, behavioral, nervous and/or emotional disorders except for state mandated benefits	3
303	Evaluation for and/or treatment of alcoholism except for state mandated benefits	2
304	Evaluation for and/or treatment of drug dependence except for state mandated benefits	2
305.1	Use of tobacco products including but not limited to cigarettes, cigars and/or smokeless tobacco within 5 years	40
314	Evaluation for and/or treatment of attention deficit disorder, attention deficit hyperactivity disorder and/or hyperactivity except for state mandated benefits	1
340	Evaluation for and/or treatment of multiple sclerosis except for state mandated benefits	1
345	Evaluation for and/or treatment of epilepsy including but not limited to petit mal, grand mal, partial epilepsy, and/ or infantile seizures except for state mandated benefits	4
351	Evaluation for and/or treatment of facial nerve disorders including but not limited to seventh nerve paresis and/or bell 's palsy except for state mandated benefits	1
354.0	Evaluation for and/or treatment of carpal tunnel syndrome, median nerve entrapment, partial thenar atrophy and/or pseudocarpal tunnel syndrome except for state mandated benefits	7
360	Evaluation for and/or treatment of disorders of the eye except for state mandated benefits	2
360L	Evaluation for and/or treatment of disorders of the left eye except for state mandated benefits	1
362.5	Evaluation for and/or treatment of macular degeneration except for state mandated benefits	2
362R	Evaluation for and/or treatment of the retina and/or optic nerve of the right eye except for state mandated benefits	1
365	Evaluation for and/or treatment of glaucoma, open angle glaucoma and/or ocular hypertension except for mandated benefits	4
366	Evaluation for and/or treatment of cataract including but not limited to infantile and/or juvenile cataract, senile cataract and/or traumatic cataract except for state mandated benefits	1
366R	Evaluation for and/or treatment of cataract of the right eye including but not limited to infantile and/or juvenile cataract, senile cataract and/or traumatic cataract except for state mandated benefits	2
378.1	Evaluation for and/or treatment of deviation of eye movement including but not limited to amblyopia, esotropia, exotropia and/or strabismus except for state mandated benefits	2

American Republic Insurance Company
Waivers of Coverage for Individual Health Plans
July 1, 2006 through June 30, 2007

ICDA Code	Description	Total
381	Evaluation for and/or treatment of acute or chronic otitis media to include but not limited to myringotomy or ear tubes/ buttons except for state mandated benefits	7
388	Evaluation for and/or treatment of the ear including but not limited to external ear, tympanic membrane, middle ear, auditory ossicles, and/or mastoid process except for state mandated benefits	4
388R	Evaluation for and/or treatment of the right ear including but not limited to external ear, tympanic membrane, middle ear, auditory ossicles, and/or mastoid process except for state mandated benefits	1
389	Evaluation for and/or treatment of deafness and/or hearing loss except for state mandated benefits	3
395	Evaluation for and/or treatment of the aortic valve including but not limited to aortic stenosis, coarctation of the aorta, and/or aortic insufficiency, except for state mandated benefits	2
401	Evaluation for and/or treatment of hypertension except for state mandated benefits	53
414	Evaluation for and/or treatment of coronary artery disease, chronic ischemic heart disease, coronary atherosclerosis, and/or myocardial infarction, except for state mandated benefits	2
425	Evaluation for and/or treatment of cardiomegaly, cardiac hypertrophy, and/or cardiomyopathy except for state mandated benefits	1
427	Evaluation for and/or treatment of cardiac dysrhythmias including but not limited to paroxysmal supraventricular tachycardia, paroxysmal ventricular tachycardia, and/or fibrillation or flutter, except for state mandated benefits	3
429	Evaluation for and/or treatment of any disease or disorder of the heart except for state mandated benefits	2
437	Evaluation for and/or treatment of cerebrovascular disease including but not limited to cerebral atherosclerosis, stroke, transient ischemic attack, cerebral aneurysm, and/or cerebral arteritis except for state mandated benefits	1
444	Evaluation for and/or treatment of arterial embolism and/or thrombosis including but not limited to phlebitis or thrombophlebitis except for state mandated benefits	1
454	Evaluation for and/or treatment of varicose veins including but not limited to varicose ulcer except for state mandated benefits	1
473	Evaluation for and/or treatment of the sinuses and/or nasal mucosa, and/or nasal polyps, including but not limited to acute sinusitis, chronic sinusitis, chronic rhinitis, and allergic rhinitis except for state mandated benefits	4
477	Evaluation for and/or treatment of allergies/allergic rhinitis including but not limited to allergic asthma, seasonal allergic rhinitis, perennial rhinitis, except for state mandated benefits	6

American Republic Insurance Company
Waivers of Coverage for Individual Health Plans
July 1, 2006 through June 30, 2007

ICDA Code	Description	Total
477.8	Evaluation for and/or treatment of Allergies due to food, insects, or other allergen causing urticaria or hives, except for anaphylactic reaction, except for state mandated benefits	1
493	Evaluation for and/or treatment of asthma, including but not limited to reactive upper or lower airway disease, bronchospasm, asthmatic bronchitis, allergic asthma, and/or status asthmaticus except for state mandated benefits	11
496	Evaluation for and/or treatment of chronic obstructive lung/pulmonary disease and/or emphysema except for state mandated benefits	6
524	Evaluation for and/or treatment of dentofacial anomalies including but not limited to malocclusion, anomalies of jaw size, dentofacial functional abnormalities and/or temporomandibular joint disorders except for state mandated benefits	1
530.9	Evaluation for and/or treatment of the esophagus, including but not limited to esophageal spasm, GERD, hiatal hernia, reflux esophagitis, stricture, ulcer, Barrett's esophagus except for state mandated benefits	7
531	Evaluation for and/or treatment of the esophagus, including but not limited to esophageal spasm, neoplasm, GERD, hiatal hernia, reflux esophagitis, stricture, ulcer, and/or Barrett's esophagus except for state mandated benefits	2
533.9	Evaluation for and/or treatment of duodenal, gastric, and peptic ulcer, and/or gastritis/duodenitis, including but not limited to gastroesophageal reflux disease and reflux esophagitis except for state mandated benefits	1
550	Evaluation for and/or treatment of inguinal hernia except for state mandated benefits	1
555	Evaluation for and/or treatment of Crohn's disease, regional enteritis, granulomatous colitis, ileitis, ulcerative colitis, ulcerative proctitis, inflammatory bowel disease, and/or colorectal cancer except for state mandated benefits	1
562.1	Evaluation for and/or treatment of diverticulitis and/or diverticulosis except for state mandated benefits	2
564.1	Evaluation for and/or treatment of irritable bowel syndrome, functional colitis, spastic colitis, and mucous colitis except for state mandated benefits	4
569.0	Evaluation for and/or treatment of polyps and/or neoplasm of the colon/rectum including but not limited to malignant degeneration and/or metastasis to other areas except for state mandated benefits	4
581	Evaluation for and/or treatment of the kidneys and/or ureter including but not limited to neoplasm, glomerulonephritis, pyelonephritis, cysts, ureteral stricture, hydronephrosis and/or renal failure except for state mandated benefits	3
592	Evaluation for and/or treatment of calculus of either or both kidneys and/or ureters except for state mandated benefits	6

American Republic Insurance Company
Waivers of Coverage for Individual Health Plans
July 1, 2006 through June 30, 2007

ICDA Code	Description	Total
596	Evaluation for and/or treatment of disorders of the bladder including but not limited to cystitis, interstitial cystitis, neurogenic bladder, bladder diverticulum, trigonitis, and/or irritable bladder except for state mandated benefits	1
596.1	Evaluation for and/or treatment of disorders of the bladder including but not limited to cystitis, neoplasm, interstitial cystitis, neurogenic bladder, bladder diverticulum and/or irritable bladder except for state mandated benefits	4
600	Evaluation for and/or treatment of the prostate including but not limited to benign prostatic hypertrophy, benign prostatic hyperplasia, prostatitis except for state mandated benefits	1
600.1	Evaluation for and/or treatment of the prostate including but not limited to neoplasm, prostatic hypertrophy, prostatic hyperplasia, prostatitis except for state mandated benefits	2
609	Evaluation for and/or treatment of peyronies disease, penile vascular disorder, balanitis, and/or edema except for state mandated benefits	1
617	Evaluation for and/or treatment of endometriosis except for state mandated benefits	2
622	Evaluation for and/or treatment of cervical dysplasia, human papillomavirus, erosion, leukoplakia, and/or carcinoma in situ of the cervix except for state mandated benefits	3
626	Evaluation for and/or treatment of dysfunctional uterine bleeding including but not limited to amenorrhea, menorrhagia, oligomenorrhea and/or postcoital bleeding except for state mandated benefits	3
628	Evaluation for and/or treatment of infertility except for state mandated benefits	2
629	Evaluation for and/or treatment of the female reproductive organs including either or both ovaries, fallopian tubes, uterus, cervix, and/or vagina except for state mandated benefits	1
669.7	Evaluation for and/or treatment of complications of pregnancy including but not limited to hyperemesis gravidarum, cephalo-pelvic disproportion, failure to progress, or pregnancy induced hypertension except for state mandated benefits	8
685	Evaluation for and/or treatment of pilonidal cyst with or without abscess except for state mandated benefits	1
692	Evaluation for and/or treatment of dermatitis and/or eczema except for state mandated benefits	1
696	Evaluation for and/or treatment of psoriasis including but not limited to psoriatic arthritis except for state mandated benefits	2
706.0	Evaluation for and/or treatment of acne or acne scarring except for state mandated benefits	0

American Republic Insurance Company
Waivers of Coverage for Individual Health Plans
July 1, 2006 through June 30, 2007

ICDA Code	Description	Total
709.2	Evaluation for and/or treatment of revision of scar tissue including but not limited to burns, skin grafts and/or keloids except for state mandated benefits	1
710	Evaluation for and/or treatment of collagen or connective tissue disorder including but not limited to systemic lupus erythematosus, and/or lupus except for state mandated benefits	1
712	Evaluation for and/or treatment of either or both knees including but not limited to chondromalacia, patellofemoral syndrome, and/or ligament, miniscus or tendon tear, including removal of internal fixations except for state mandated benefits	3
712L	Evaluation for and/or treatment of the left knee including but not limited to chondromalacia, patellofemoral syndrome, and/or ligament, miniscus or tendon tear, including removal of internal fixations except for state mandated benefits	3
712R	Evaluation for and/or treatment of the right knee including but not limited to chondromalacia, patellofemoral syndrome, and/or ligament, miniscus or tendon tear, including removal of internal fixations except for state mandated benefits	3
716	Evaluation for and/or treatment of arthritis including but not limited to rheumatoid arthritis, osteoarthritis, traumatic arthritis and/or inflammatory arthritis except for state mandated benefits	11
717	Evaluation for and/or treatment of any disease or disorder of either or both knees except for state mandated benefits	3
717L	Evaluation for and/or treatment of any disease or disorder of the left knee except for state mandated benefits	3
724	Evaluation for and/or treatment of the spine including but not limited to spinous process, vertebra, laminae, facet joints, discs, spinal cord nerves, meninges, non-allopathic lesions, and subluxations, except for state mandated benefits	7
728	Evaluation for and/or treatment of the hand including but not limited to contracture of tendon, dupuytren's contracture, trigger finger and/or ganglion except for state mandated benefits	1
733.0	Evaluation for and/or treatment of osteoporosis and/or osteopenia except for state mandated benefits	5
734	Evaluation for and/or treatment of the foot including but not limited to calcaneal spur, plantar fasciitis, bunion, hallux vulgus, hallux varus, pes planus (flat feet), or hammer toe except for state mandated benefits	4
734R	Evaluation for and/or treatment of the right foot including but not limited to calcaneal spur, plantar fasciitis, bunion, hallux vulgus, hallux varus, pes planus (flat feet), or hammer toe except for state mandated benefits	1
737	Evaluation for and/or treatment of scoliosis including but not limited to kyphosis, lordosis, and/or kyphoscoliosis except for state mandated benefits	1

American Republic Insurance Company
Waivers of Coverage for Individual Health Plans
July 1, 2006 through June 30, 2007

ICDA Code	Description	Total
749	Evaluation for and/or treatment of cleft palate and/or cleft lip except for state mandated benefits	1
780	undiagnosed illnesses or tests not performed	10
784.0	Evaluation for and/or treatment of headache including but not limited to migraine headache, cluster headache and/or tension headache except for state mandated benefits	9
786.9	Evaluation for and/or treatment of sleep apnea/ obstructive sleep apnea including but not limited to sleep studies, uvulopalatopharyngoplasty and/or dental appliances, except for state mandated benefits	6
788	Evaluation for and/or treatment of urinary incontinence, urinary frequency and/or overactive bladder except for state mandated benefits	1
790	Evaluation for and/or treatment of abnormal findings on examination of blood or urine	9
812R	Evaluation for and/or treatment of fracture or operative repair of the right arm including but not limited to the humerus, elbow, radius, and ulna except for state mandated benefits	1
815R	Evaluation for and/or treatment of fracture or operative repair of the bones of right hand including but not limited to the carpals, metacarpals, or phalanges except for state mandated benefits	1
820	Evaluation for and/or treatment of fracture or operative repair of either or both hips except for state mandated benefits	1
820R	Evaluation for and/or treatment of fracture or operative repair of the right hip except for state mandated benefits	1
822L	Evaluation for and/or treatment of fracture or operative repair of the left knee except for state mandated benefits	1
824R	Evaluation for and/or treatment of fracture or operative repair of the right ankle except for state mandated benefits	1
825R	Evaluation for and/or treatment of tarsal and/or metatarsal bones of the right foot including but not limited to removal or replacement of internal fixations except for state mandated benefits	2
831	Evaluation for and/or treatment of any disease or disorder of either or both shoulders except for state mandated benefits	2
831R	Evaluation for and/or treatment of any disease or disorder of the right shoulder except for state mandated benefits	3
835	Evaluation for and/or treatment of either or both hips including but not limited to removal or replacement of internal fixations except for state mandated benefits	1
835L	Evaluation for and or treatment of the left hip including but not limited to removal or replacement of internal fixations except for state mandated benefits	1
835R	Evaluation for and or treatment of the right hip including but not limited to removal or replacement of internal fixations except for state mandated benefits	1

American Republic Insurance Company
Waivers of Coverage for Individual Health Plans
July 1, 2006 through June 30, 2007

ICDA Code	Description	Total
839.0	Evaluation for and/or treatment of any disease or disorder of the cervical spine, except future fractures, including any diagnostic procedures, treatment or surgery except for state mandated benefits	7
839.1	Evaluation for and/or treatment of the cervical spine including but not limited to spinous process, vertebra, laminae, facet joints, discs, spinal cord nerves and/or meninges except for state mandated benefits	1
839.2	Evaluation for and/or treatment of any disease or disorder of the Lumbosacral spine, except future fractures, including any diagnostic procedures, treatment or surgery except for state mandated benefits	8
839.8	Evaluation for and/or treatment of the Thoracic spine including but not limited to spinous process, vertebra, laminae, facet joints, discs, spinal cord nerves and/or meninges except for state mandated benefits	2
839.9	Evaluation for and/or treatment of the Lumbosacral spine including but not limited to spinous process, vertebra, laminae, facet joints, discs, spinal cord nerves and/or meninges except for state mandated benefits	1
840L	Evaluation for and/or treatment of the left shoulder including but not limited to tendonitis, rotator cuff tear, dislocation, bursitis, impingement syndrome or osteoarthritis except for state mandated benefits	4
840R	Evaluation for and/or treatment of the right shoulder including but not limited to tendonitis, rotator cuff tear, dislocation, bursitis, impingement syndrome or osteoarthritis except for state mandated benefits	1
841L	Evaluation for and/or treatment of the left elbow including but not limited to the radial collateral ligament, ulnar collateral ligament, olecranon and/or medial epicondyle except for state mandated benefits	1
845R	Evaluation for and/or treatment of sprain or strain of the right ankle except for state mandated benefits	1
897R	Evaluation for and/or treatment of the amputation of the right leg or foot including but not limited to prosthesis replacement except for state mandated benefits	1
997	Evaluation for and/or treatment of the carpal bones of the right wrist including not limited to removal or replacement of internal fixations except for state mandated benefits and evaluation for and/or treatment of any internal fixation device including no methicillin-resistant staphylococcus aureus ADDED NEPHROPLEX TO REGIMEN & CONT W/HEAVY METAL, Evaluation for, treatment and/or complications of kidney donation	4

American Republic Insurance Company
Waivers of Coverage for Individual Health Plans
July 1, 2006 through June 30, 2007

ICDA Code	Description	Total
839.0	Evaluation for and/or treatment of any disease or disorder of the cervical spine, except future fractures, including any diagnostic procedures, treatment or surgery except for state mandated benefits	7
839.1	Evaluation for and/or treatment of the cervical spine including but not limited to spinous process, vertebra, laminae, facet joints, discs, spinal cord nerves and/or meninges except for state mandated benefits	1
839.2	Evaluation for and/or treatment of any disease or disorder of the Lumbosacral spine, except future fractures, including any diagnostic procedures, treatment or surgery except for state mandated benefits	8
839.8	Evaluation for and/or treatment of the Thoracic spine including but not limited to spinous process, vertebra, laminae, facet joints, discs, spinal cord nerves and/or meninges except for state mandated benefits	2
839.9	Evaluation for and/or treatment of the Lumbosacral spine including but not limited to spinous process, vertebra, laminae, facet joints, discs, spinal cord nerves and/or meninges except for state mandated benefits	1
840L	Evaluation for and/or treatment of the left shoulder including but not limited to tendonitis, rotator cuff tear, dislocation, bursitis, impingement syndrome or osteoarthritis except for state mandated benefits	4
840R	Evaluation for and/or treatment of the right shoulder including but not limited to tendonitis, rotator cuff tear, dislocation, bursitis, impingement syndrome or osteoarthritis except for state mandated benefits	1
841L	Evaluation for and/or treatment of the left elbow including but not limited to the radial collateral ligament, ulnar collateral ligament, olecranon and/or medial epicondyle except for state mandated benefits	1
845R	Evaluation for and/or treatment of sprain or strain of the right ankle except for state mandated benefits	1
897R	Evaluation for and/or treatment of the amputation of the right leg or foot including but not limited to prosthesis replacement except for state mandated benefits	1
997	Evaluation for and/or treatment of the carpal bones of the right wrist including not limited to removal or replacement of internal fixations except for state mandated benefits and evaluation for and/or treatment of any internal fixation device including no methicillin-resistant staphylococcus aureus ADDED NEPHROPLEX TO REGIMEN & CONT W/HEAVY METAL, Evaluation for, treatment and/or complications of kidney donation	4

WAIVERS OF COVERAGE FOR INDIVIDUAL HEALTH PLANS REPORTING FOR JULY 1, 2005 THROUGH JUNE 30, 2006	
Company:	Central Reserve Life Insurance Co. NAIC #61727
Address:	P.O. Box 2976, Omaha, NE 68103
Telephone:	(515) 245-2015 (Contact: Kim Douglas)
Please report the following data regarding any waivers of coverage on individual health plans issued from July 1, 2005, through June 30, 2006:	
1. The total number of policies and/or certificates issued with waivers:	7
2. A complete list of the various conditions waived:	See attached table.
3. The number of waivers issued for each condition listed in item #2:	See attached table.
4. The number of waivers issued by period of time, i.e. waived for one year, two years, three years, etc:	See attached table.
5. The total number of applications declined for health reasons:	8

Agreement

By submitting this form, I affirm that the information set forth in it is true and complete. I understand that false statements, omissions, or other misrepresentations are made may result in immediate action taken on behalf of the Indiana Department of Insurance

Name

Date

Lisa Sauer
September 12, 2007

WAIVER	DESCRIPTION	10 YEAR	<10 YR
458	Any diagnostic study, treatment, or operation or complications resulting from sleep apnea, obstructive apnea, central apnea or hypopneas	1	0
464	Asthma, bronchitis, allergies, allergic rhinitis, reactive airway disease, or other allergic disorders or reactions including treatment for or complications thereof.	1	0
466	Any disease or disorder of the (insert) back or spine including treatment or operation for or complications thereof. Insert: cervical, thoracic, dorsal, complete, or lumbosacral	1	0
476	Breast implants including treatment or operation for or complications thereof.	1	0
645	Any disease or disorder of the esophagus or esophageal sphincter including treatment or operation for or complications thereof.	1	0
663	Internal fixation of (insert) including removal or complications thereof.	1	0
719	(insert) including treatment or operation for or complications thereof.	1	0
771	Essential or idiopathic tremor, to include operation or treatment for or complications thereof.	1	0

WAIVERS OF COVERAGE FOR INDIVIDUAL HEALTH PLANS REPORTING FOR JULY 1, 2005 THROUGH JUNE 30, 2006	
Company:	Continental General Insurance Co. NAIC #71404
Address:	17800 Royalton Rd., Strongsville, OH 44136
Telephone:	(515) 245-2015 (Contact: Kim Douglas)
Please report the following data regarding any waivers of coverage on individual health plans issued from July 1, 2005, through June 30, 2006:	
1. The total number of policies and/or certificates issued with waivers:	63
2. A complete list of the various conditions waived:	See attached table.
3. The number of waivers issued for each condition listed in item #2:	See attached table
4. The number of waivers issued by period of time, i.e. waived for one year, two years, three years, etc:	See attached table.
5. The total number of applications declined for health reasons:	51

Agreement

By submitting this form, I affirm that the information set forth in it is true and complete. I understand that false statements, omissions, or other misrepresentations are made may result in immediate action taken on behalf of the Indiana Department of Insurance

Name

Date

Lisa Sauer
September 12, 2007

<u>WAIVER</u>	<u>DESCRIPTION</u>	<u>10 YEAR</u>	<u>< 10 YR</u>
450	Any medical or surgical treatment resulting from an accident that occurred on or about (insert date) and/or complications therefrom.	1	0
454	Allergies, hayfever, or other allergic disorders or reactions including treatment for or complications thereof.	4	0
460	Arthritis, neuritis, neuralgia, or rheumatism of the (specific area), including complications thereof.	1	0
464	Asthma, bronchitis, allergies, allergic rhinitis, reactive airway disease, or other allergic disorders or reactions including treatment for or complications thereof.	1	0
466	Any disease or disorder of the (insert) back or spine including treatment or operation for or complications thereof. Insert: cervical, thoracic, dorsal, complete, or lumbosacral	9	0
468	(insert) including any treatment or operation for or complications thereof. Insert: scoliosis, kyphosis or lordosis	1	0
474	Any disease, deformity or disorder of (insert) breasts, including treatment or operation for or complications thereof. Insert: right, left or both	1	0
476	Breast implants including treatment or operation for or complications thereof.	2	0
484	Carpal tunnel syndrome including treatment or operation for or complications thereof.	1	0
490	Any disease or disorder of the uterine cervix including treatment or operation for or complications thereof.	1	0
492	Cesarean section and/or complications thereof.	4	0
496	Any disease or disorder of the colon or rectum including treatment or operation for or complications thereof.	1	0
637	Any disease or disorder of the (insert) ear(s) or mastoid(s) including treatment or operation for or complications thereof. Insert: left, right or both	3	0
639	Endometriosis and/or Adenomyosis or any disease or disorder of the abdominal or pelvic organs due to endometriosis, including adhesions, and any treatment or operation for or complications thereof.	2	0
651	Any disease or disorder of the (insert) eye(s) including treatment or operation for or complications thereof. Insert: left, right or both	1	0
663	Internal fixation of (insert) including removal or complications thereof.	5	0
669	Esophagitis, Gastroesophageal Reflux, Esophageal Spasm or Hiatal Hernia, including treatment or operation for or complications thereof.	2	0
673	Glaucoma, increased intraocular pressure or ocular hypertension, including treatment or operation for or complications thereof.	1	0
677	Any injury or disorder received while practicing or participating in (insert sport) and any complication thereof.	1	0
679	Migraine or headache, including treatment for or complications thereof.	5	0
697	Disease or disorder of the (insert) (insert), including treatment or operation for or complications thereof. insert: left, right or both insert: wrist, ankle, etc	1	0
699	Any injury to, disease or disorder of the (insert) (insert), to include treatment or operation for or complications thereof. insert: left, right or both insert: wrist, ankle, etc.	3	0
713	Nervous, emotional, mental, or personality disorder including treatment for or complications thereof.	1	0

719	(insert) including treatment or operation for or complications thereof.	9	0
733	Any disease or disorder of the prostate, including treatment or operation for or complications thereof.	3	0
747	Skin Cancer, including treatment or operation for or complications thereof. (insert condition) and or any disease or disorder of the skin or subcutaneous tissues including operation or treatment for or complications thereof.	1	0
749	Manipulations or non-surgical treatment of the back or spine including complications thereof.	1	0
753	Kidney or ureteral stone or colic, including treatment or operation for or complications thereof.	1	0
757	Urinary incontinence including treatment or operation for or complications thereof.	2	0
777	Any disease or disorder of the uterus, including treatment or operation for or complications thereof.	1	0
783	Any disease or disorder of the uterus, including treatment or operation for or complications thereof.	1	0
A054.1	Evaluation for and/or treatment of herpes simplex virus except for state mandated benefits	1	0
A629	Evaluation for and/or treatment of the female reproductive organs including either or both ovaries, fallopian tubes, uterus, cervix, and/or vagina except for state mandated benefits	1	0
A733.0	Evaluation for and/or treatment of osteoporosis and/or osteopenia except for state mandated benefits	1	0
A784.0	Evaluation for and/or treatment of headache including but not limited to migraine headache, cluster headache and/or tension headache except for state mandated benefits	1	0
A839.0	Evaluation for and/or treatment of any disease or disorder of the cervical spine, except future fractures, including any diagnostic procedures, treatment or surgery except for state mandated benefits	1	0
A997	(wording to be specified by underwriter)	1	0
SPEC	(Specify) See Policy File	3	0
A054.1	Evaluation for and/or treatment of herpes simplex virus except for state mandated benefits	1	0
A629	Evaluation for and/or treatment of the female reproductive organs including either or both ovaries, fallopian tubes, uterus, cervix, and/or vagina except for state mandated benefits	1	0
A733.0	Evaluation for and/or treatment of osteoporosis and/or osteopenia except for state mandated benefits	1	0
A784.0	Evaluation for and/or treatment of headache including but not limited to migraine headache, cluster headache and/or tension headache except for state mandated benefits	1	0
A839.0	Evaluation for and/or treatment of any disease or disorder of the cervical spine, except future fractures, including any diagnostic procedures, treatment or surgery except for state mandated benefits	1	0
A997	(wording to be specified by underwriter)	1	0
SPEC	(Specify) See Policy File	3	0

WAIVERS OF COVERAGE FOR INDIVIDUAL HEALTH PLANS REPORTING FOR JULY 1, 2005 THROUGH JUNE 30, 2006	
Company:	World Insurance Company, NAIC # 70629 ²⁰⁰⁶ ²⁰⁰⁷
Address:	11808 Grant St., Omaha, NE 68164
Telephone:	(515) 245-2015 (Contact: Kim Douglas)
Please report the following data regarding any waivers of coverage on individual health plans issued from July 1, 2005, through June 30, 2006:	
1. The total number of policies and/or certificates issued with waivers:	26
2. A complete list of the various conditions waived:	See attached table.
3. The number of waivers issued for each condition listed in Item #2:	See attached table.
4. The number of waivers issued by period of time, i.e. waived for one year, two years, three years, etc:	See attached table.
5. The total number of applications declined for health reasons:	27

Agreement

By submitting this form, I affirm that the information set forth in it is true and complete. I understand that false statements, omissions, or other misrepresentations are made may result in immediate action taken on behalf of the Indiana Department of Insurance

Name
Date

Lisa Sauer
September 12, 2007

WAIVER	DESCRIPTION	10 YEAR	< 10 YR
A078.1	Evaluation for and/or treatment of condyloma acuminatum, human papilloma virus and/or genital warts except for state mandated benefits	1	0
A122*	Injury (except future fractures) to, disease or disorder of the back or spine, including any diagnostic procedures	2	0
A228	Evaluation for and/or treatment of angiod, hemangioma, lymphangioma and /or telangiectasia except for state mandated benefits	1	0
A274	Evaluation for and/or treatment of gout including but not limited to hyperuricemia or gouty arthritis except for state mandated benefits	1	0
A307.6	Evaluation for and/or treatment of enuresis except for state mandated benefits	1	0
A444	Evaluation for and/or treatment of arterial embolism and/or thrombosis including but not limited to phlebitis or thrombophlebitis except for state mandated benefits	1	0
A474	Evaluation for and/or treatment of the tonsils and/or adenoids including but not limited to tonsillitis except for state mandated benefits	1	0
A493	Evaluation for and/or treatment of asthma, including but not limited to reactive upper or lower airway disease, bronchospasm, asthmatic bronchitis, allergic asthma and/or status asthmaticus except for state mandated benefits	1	0
A530	Evaluation for and/or treatment of gastro-esophageal reflux disease (GERD) except for state mandated benefits	1	0
A562.1	Evaluation for and/or treatment of diverticulitis and/or diverticulosis except for state mandated benefits	1	0
A564.1	Evaluation for and/or treatment of irritable bowel syndrome, functional colitis, spastic colitis, and mucous colitis except for state mandated benefits	2	0
A592	Evaluation for and/or treatment of calculus of either or both kidneys and/or ureters except for state mandated benefits	1	0
A600	Evaluation for and/or treatment of the prostate including but not limited to benign prostatic hypertrophy, benign prostatic hyperplasia, prostatitis except for state mandated benefits	1	0
A696	Evaluation for and/or treatment of psoriasis including but not limited to psoriatic arthritis except for state mandated benefits	1	0
A712	Evaluation for and/or treatment of either or both knees including but not limited to chondromalacia, patellofemoral syndrome, and/or ligament, meniscus or tendon tear, including removal of internal fixations except for state mandated benefits	1	0
A712L	Evaluation for and/or treatment of the left knee including but not limited to chondromalacia, patellofemoral syndrome, and/or ligament, meniscus or tendon tear, including removal of internal fixations except for state mandated benefits	1	0
A716	Evaluation for and/or treatment of arthritis including but not limited to rheumatoid arthritis, osteoarthritis, traumatic arthritis and/or inflammatory arthritis except for state mandated benefits	3	0
A717L	Evaluation for and/or treatment of any disease or disorder of the left knee except for state mandated benefits	1	0

WAIVER	DESCRIPTION	10 YEAR	< 10 YR
A728L	Evaluation for and/or treatment of the left hand including but not limited to contracture of tendon, Dupuytren's contracture, trigger finger and/or ganglion except for state mandated benefits	1	0
A734	Evaluation for and/or treatment of the foot including but not limited to calcaneal spur, plantar fasciitis, bunion, hallux valgus, hallux varus, pes planus (flat feet) or hammer toe except for state mandated benefits	2	0
A738.3	Evaluation for and/or treatment of chest deformity including but not limited to pectus excavatum and/or pectus cavatum except for state mandated benefits	1	0
A784.0	Evaluation for and/or treatment of headache including but not limited to migraine headache, cluster headache and/or tension headache except for state mandated benefits	4	0
A786.9	Evaluation for and/or treatment of sleep apnea/ obstructive sleep apnea including but not limited to sleep studies, uvulopalatopharyngoplasty and/or dental appliances, except for state mandated benefits	1	0
A835L	Evaluation for and or treatment of the left hip including but not limited to removal or replacement of internal fixations except for state mandated benefits	1	0
A839.0	Evaluation for and/or treatment of any disease or disorder of the cervical spine,except future fractures,including any diagnostic procedures, treatment or surgery except for state mandated benefits	1	0
A839.1	Evaluation for and/or treatment of the cervical spine including but not limited to spinous process, vertebra, laminae, facet joints, discs, spinal cord nerves and/or meninges except for state mandated benefits	1	0
A839.2	Evaluation for and/or treatment of any disease or disorder of the Lumbosacral spine, except future fractures, including any diagnostic procedures, treatment or surgery except for state mandated benefits	2	0

8/3/07

John,

This is a reminder that the new email address for submitting electronic copies of agency reports to the General Assembly is LSADirector@iga.in.gov. We have disabled Phil Sachtleben's old email address, so any messages sent to it will be returned as undeliverable.

Thanks, and let me know if you have any questions.

John Rowings
Indiana Legislative Services Agency
office (317) 233-0696
fax (317) 232-2554